MEP:1601

MARTIN MARIETTA

MARTIN MARIETTA ENERGY SYSTEMS INC.

June 19, 1990
Page 1 of 7
Revision 01
Review Due Date: September, 1993

MAINTENANCE ENGINEERING PROCEDURE
K-25 SITE
OAK RIDGE, TENNESSEE 37831

TITLE : INSPECTION OF POLYCHLORINATED BIPHENYL (PCB) TRANSFORMERS IN K-33

Original Author: B. J. Ford
B. J. Ford

Approved: D. S. Gordon
D. S. Gordon

Division Classification Rep: K. R. Armstrong
K. R. Armstrong

Revision	Revised By	Date	Reviewed By	Date
001	B. J. Ford	09/05/91		

A. SCOPE

A visual inspection of each Polychlorinated Biphenyl (PCB) contaminated transformer (as defined in the definition of "PCB Transformer" under 40 CFR 761.3) in use or stored for reuse shall be performed at least once every three (3) months. These inspections may take place any time during the three (3) month periods: January - March, April - June, July - September, and October - December, as long as there is a minimum of 30 days between inspections. It is the responsibility of Process Facility Services Department to request the Electrical Maintenance Department's services ant to assure the inspections are performed.

B. SAFETY

Applicable Safe Practice Procedures shall be adhered to during the performance of work outlined in this procedure.

1. An Electrical Work Permit (Form UNC-513) will be required if the equipment is connected to a power source.

2. A Safety Work Permit (Form UNC-3694B) will be issued prior to the performance of work when special or unusual hazards exist.

3. Occupational exposure to PCB's will be controlled so that individual exposure is minimized as much as possible.

4. Avoid skin contact.

5. In any operation where individuals may be exposed to PCB's, protective clothing impervious to PCB will be worn. This will include glove, apron or suit, shoe covers or boots, safety glasses or goggles, depending upon the nature of the task or activity.

C. QUALITY ASSURANCE

NOTE

Please notify Maintenance Engineering of any errors or changes pertaining to this procedure (4-9171).

D. PROCEDURE

1. Visually inspect each transformer for leaks. One drop is considered a leak.

2. Mark location of leak on diagram (attachment 1), and complete remainder of page.

D. 3. Clean up leak using the double wash/rinse method. This is the minimum requirement to cleanse solid surfaces. Clean twice with an appropriate solvent or other material in which PCB's are at least 5% soluble (by weight). A volume of PCB free fluid sufficient to cover the contaminated surface completely must be used in each wash/rinse. Penetone is the recommended solvent for use in PCB spill cleanups.

4. Materials used for cleanup must be disposed of as PCB solid waste.

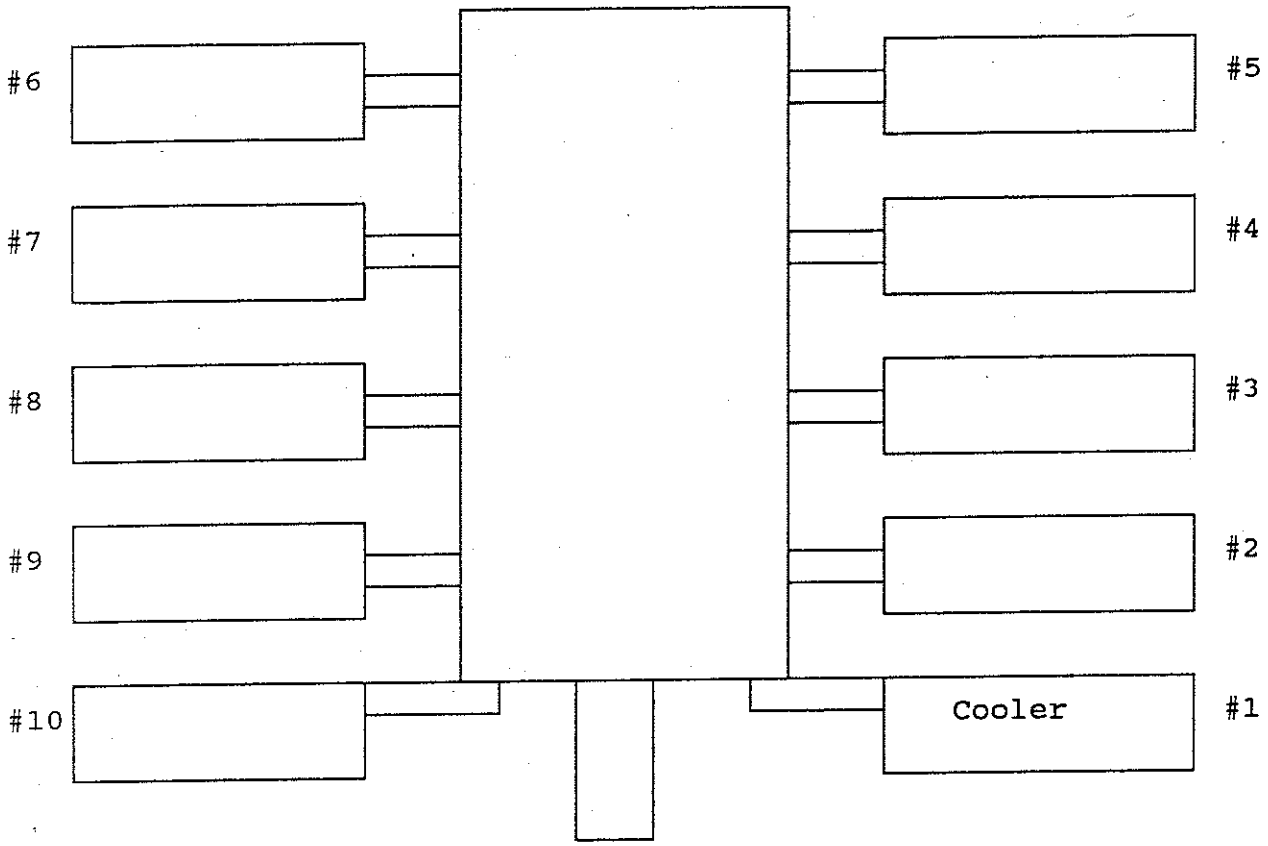
5. Complete attachment 2 entitled "K-33 Process Transformer Spill Cleanup". No item may be left blank on this page.

6. Mark floor with chalk where any initial cleanup has been made so Process Facilities Services Department can sample the cleaned areas.

7. Deliver completed forms to Process Facility Services Department for attention.

Attachment 1

K-33 PROCESS TRANSFORMER QUARTERLY INSPECTION FORM



Transformer # :_____

Instructions:

1. Record on the diagram:
   a. Location of any leak.
      (Including leaks onto plastic and diapers.)
   b. Any areas cleaned.
   c. Valves or plugs tightened to stop leaks.
   d. Repairs made.
   e. Any other relevant information.

2. All leaks must be cleaned and repaired.

3. For all leaks, estimate the quantity of fluid released: _____
   (N/A if no leaks have occurred.)

4. Date of repair (if different from inspection date): _____

5. Has any oil dripped or spilled off the transformer onto an area not covered with a "diaper" and plastic, i.e. onto the floor or pan (Y/N)? _____
(NOTE: **If leak is on a diaper and plastic, they must be replaced and the old material disposed as PCB waste.**)
If "Yes" (any oil has dripped onto uncovered floor or pan), complete pages 5 and 6.

Signature: _____

Date: _____

Attachment 2

K-33 Process Transformer Spill Cleanup

Instructions: Fill in all sections. Maintenance fills out items 1-6, Process Services completes items 7-9. Completed copy is to be sent to General Supervisor, Process Facilities Support, K-1024.

Maintenance Section:

1. What is the source of the spill? (Include the transformer identification: system number or serial number).

   _____

2. Has the spill area been cordoned off (Y/N)? The spill area should include all visible traces plus a 3 foot buffer.

   _____

3. What is the date and time that the spill cleanup was started? Cleanup must start as soon as possible, but no later than 48 hours after discovery. The spill area must be cleaned with a double wash/rinse method.

   _____

4. What materials has the spill contaminated (floor, drip pan, etc.)?

   _____

5. Has spill cleanup materials (rags, etc.) been put in approved TSCA storage containers in an approved storage area (Y/N)? (**NOTE: Liquids must be in a DOT 17E drum or a 6D over pack drum. Solids must be in a DOT 17C drum. Contact Process Facility Services for location of approved storage area.**)

   _____

6. Has the spill area been contained to prevent further contamination if the leak cannot be stopped? (N/A if leak has been repaired). Specify type of containment used (plastic and diapers, pan, etc.).

   _____

Maintenance Signature: _____ Date: _____

Process Facility Services Section:
(Cleanup Documentation)

7. What is the date that the standard wipe sample(s) were taken? (consult SOP 150.38 for method and number of samples required.)

_____

8. Do the results of the sample(s) show the concentration to be less than 10 micrograms per 100 cm^2? (Staple results to this inspection form.) (Y/N) The final cleanup standard must be less than 10 micrograms per 100 cm^2.

_____

9. If standard wipe sample exceeds the 10 micrograms/100 cm^2 standard, the spill area must be recleaned (double wash/rinse) and resampled until the floor is cleaned to the TSCA standard. Write the dates of any recleaning and resampling that is done until the final standard is met (write N/A if no resampling is required).

_____

Process Facility Services Signature: _____

Date: _____

Transformer I.D.: _____